



NOV 28 2007

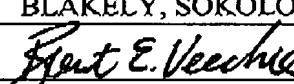
**TRANSMITTAL FORM***(to be used for all correspondence after initial filing)*

		Application No.	10/748,951
		Filing Date	December 30, 2003
		First Named Inventor	Gregor K. Frey
		Art Unit	2151
		Examiner Name	Madamba, Glenford
Total Number of Pages in This Submission	16	Attorney Docket Number	6570P046

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;">Certificate of Facsimile</div>
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 28, 2007

**CERTIFICATE OF MAILING/TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

Typed or printed name	Krista Mathiesen
Signature	
Date	November 28, 2007

Based on PTO/SB/21 (10-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 10/05/2007  
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<b>FEE TRANSMITTAL for FY 2007</b>		<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number <u>10/748,951</u> Filing Date <u>December 30, 2003</u> First Named Inventor <u>Gregor K. Frey</u> Examiner Name <u>Madamba, Glenford</u> Art Unit <u>2151</u> Attorney Docket No. <u>6570P046</u>	
<b>TOTAL AMOUNT OF PAYMENT</b> <u>(\$)</u> <u>0.00</u>			

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge fee(s) indicated below, except for the filing fee  Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.  
 Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

		Extra Claims		Fee from below		Fee Paid
Total Claims	<u>31</u>	<u>33</u> <sup>*</sup>	=	<u>0</u>	x	<u>\$0.00</u>
Independent Claims	<u>4</u>	<u>4</u> <sup>*</sup>	=	<u>0</u>	x	<u>\$0.00</u>
Multiple Dependent					=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	210	2201	105	Independent claims in excess of 3
1203	370	2203	165	Multiple Dependent claim, if not paid
1204	810	2204	405	**Reissue independent claims over original patent
1205	810	2205	405	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>		<u>(\$)</u>		<u>0.00</u>

<sup>\*</sup>or number previously paid, if greater. For Reissues, see below**2. ADDITIONAL FEES**

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	85	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	460	2252	230	Extension for reply within second month
1253	1,080	2253	525	Extension for reply within third month
1254	1,840	2254	820	Extension for reply within fourth month
1255	2,230	2285	1,115	Extension for reply within fifth month
1401	510	2401	255	Notice of Appeal
1402	510	2402	255	Filing a brief in support of an appeal
1403	1,030	2403	515	Request for oral hearing
1451	1,610	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	190	Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		<b>SUBTOTAL (2)</b>		<u>(\$)</u>

**Fee Paid****SUBMITTED BY***Complete if applicable*

Name (Print/Type)	<u>Brent E. Vecchia</u>	Registration No. (Attorney/Agent)	<u>48,011</u>	Telephone	<u>(303) 740-1980</u>
Signature	<u>Brent E. Vecchia</u>			Date	<u>11/28/07</u>

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/28/2007  
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**FEE TRANSMITTAL  
for FY 2007**

*Patient fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

<i>Complete if Known</i>	
Application Number	10/748,951
Filing Date	December 30, 2003
First Named Inventor	Gregor K. Frey
Examiner Name	Madamba, Glenford
Art Unit	2151
Attorney Docket No.	6570P046

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.				

## **FEE CALCULATION**

## 1. EXTRA CLAIM FEES

Total Claims	31	Claims	Fee Paid
Independent Claims	31	33" = 0	\$0.00
Multiple Dependent	4	4" = 0	\$0.00

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	<u>Fee Description</u>
Code	(\$)	Code	(\$)	
1202	50	2202	25	Claims in excess of 20
1201	210	2201	105	Independent claims in excess of 3
1203	370	2203	185	Multiple Dependent claim, if not paid
1204	610	2204	405	**Reseque independent claims over original patent
1205	810	2205	405	**Reseque claims in excess of 20 and over original patent
		<b>SUBTOTAL (1)</b>		<b>(\$)</b> <b>0.00</b>

*\*\*or number previously paid, if greater. For Relasys, see below.*

## 2 ADDITIONAL FEES

**Large Entity      Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	460	2252	230	Extension for reply within second month
1253	1,050	2253	525	Extension for reply within third month
1254	1,640	2254	820	Extension for reply within fourth month
1255	2,230	2258	1,115	Extension for reply within fifth month
1401	510	2401	255	Notice of Appeal
1402	510	2402	255	Filing a brief in support of an appeal
1403	1,030	2403	515	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1490	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	150	1808	180	Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.121)
1810	810	1810	105	Waiver of filing fee for a Motion to Reopen (37 CFR § 1.122)

**Other fee (specify)**

**SUBTOTAL (2)**

**Fee Paid**

**SUBMITTED BY**

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>			Date	11/28/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/26/2007.  
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Our Docket No: 6570P046

**RESPONSE UNDER 37 C.F.R. § 1.116**  
**-- EXPEDITED PROCEDURE --**  
**EXAMINING GROUP 2100**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:  
Gregor K. Frey, et al.  
Application No: 10/748,951  
Filed: December 30, 2003  
For: System and Method for Monitoring  
Program Code

Examiner: Madamba, Glenford J.

Art Unit: 2151

## RESPONSE AFTER FINAL

Mail Stop: AF  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the final Office Action mailed October 16, 2007, Applicant respectfully requests the Examiner to enter the following amendment and to consider the following remark.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)**

I hereby certify that this correspondence is, on the date shown below, being:

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Krista Mathieson

Date

Docket No: 6570P046  
Application No.: 11/748,951